

1073 1073

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO.

1032423

FILING DATE

APPLICANT(S)

2/27/01 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

7/27/07

2073

~~10/03/07~~
10/03/07

INDEX OF CLAIMS

CLAIM		DATE				
FINAL	ORIGINAL					
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CLAIM		DATE				
FINAL	ORIGINAL					
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CLAIM		DATE				
FINAL	ORIGINAL					
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SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
10 1						
10 2						
10 3		2				
10 4		2				
10 5		2				
10 6		2				
10 7		1				
10 8						
10 9						
11 10		1				
11 11		1				
11 12		1				
11 13		1				
11 14		1				
11 15		1				
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11 18		1				
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TOTAL IND.						
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TOTAL CLAIMS						

	IND.		DEP.		IND.		DEP.		IND.		DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
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